DISINFECTION BYPRODUCTS SAMPLE PLAN

This sample plan will identify the location(s) at which both the Total Trihalomethanes and Haloacetic Acids samples will be taken. The sample points must be in the distribution system at approved locations.

If the water system uses more than one well and/or spring, a Multiple Wells Drawing from the Same Aquifer determination must be made prior to completing this sample plan. If the water system **can** provide a letter from a hydrogeologist certifying that the wells/springs draw from the same aquifer, please call Andrea Seifert at (775) 687-9526, prior to completing this form. If the water system **cannot** provide a letter from a hydrogeologist, please submit only the *Disinfection Byproducts Sample Plan Questionnaire* and the *Multiple Wells Questionnaire*.

If the water system uses a surface water source or one well/spring, please complete the *Disinfection Byproducts Sample Plan Questionnaire* and the *DBP Sample Plan*.

•	Are you required to sample at more than one location? Yes \(\subseteq \) No \(\subseteq \) If yes, please skip to item 3 . If no, please continue				
2.	The sample location must be in the distribution system at a point that represents maximum residence time—a point where the water has traveled the greatest distant from the source to the tap or service connection. Please identify in detail (e.g. addr fixture, building) the location at which this occurs.				
	Sample		Location		
	1				
Please skip to item 4 .					
	there must be a sample point that represents maximum residence time—a point where the water has traveled the greatest distance/time from the source to the tap or service connection. Please identify in detail (e.g. address, fixture, building) the locations at which these samples will be taken.				
	Sample		Location		Maximum or Average
	1				
	2				
	3				
	4				
i. 5.	Attach a map or si sample point(s). Print Name	ketch of	the distribution sys	tem, and identify the state of	ne location(s) of the
	Signature			Date	